

STATE OF CALIFORNIA  
BUSINESS, TRANSPORTATION AND HOUSING AGENCY  
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
DIVISION OF CODES AND STANDARDS  
REGISTRATION AND TITLING PROGRAM



**CERTIFICATE OF INFORMATION  
NOTICE OF ATTACHMENT**

**SECTION I. DESCRIPTION OF UNIT**

This unit is a (check one): ☐ Manufactured Home, Mobilehome, Multi-unit Manufactured Housing ☐ Commercial Coach

The Decal (License) Number(s) is: \_\_\_\_\_

The Trade Name is: \_\_\_\_\_

The Serial Number is: \_\_\_\_\_

**SECTION II. ACTION REQUESTED**

I hereby request the Department of Housing and Community Development to search its records and provide any Notice of Attachment information filed with the department on above-described unit. **A \$3.00 fee is required to be submitted for this information.**

☐ If Notice of Attachment information is found, I request a photocopy of the notice. (Additional fee of \$1.00 is required for a photocopy.)

**SECTION III. REGISTERED OWNER NAME AND ADDRESS INFORMATION**

Registered Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address or P.O. Box City State Zip

Location Address of Unit: \_\_\_\_\_  
Street Address City State Zip

**SECTION IV. REQUESTER'S INFORMATION AND DATE OF REQUEST**

Requester's Name (Please Print): \_\_\_\_\_

Requester's Address: \_\_\_\_\_  
Street Address or P.O. Box City State Zip

Date of Request: \_\_\_\_\_

**SECTION V. CERTIFICATION**

I/We certify under penalty of perjury under the laws of the State of California that the information received will not be used for any unlawful purpose.

Executed on \_\_\_\_\_ at \_\_\_\_\_  
Date City State

Signature: \_\_\_\_\_

**DEPARTMENT USE ONLY  
NOTICE OF ATTACHMENT INFORMATION**

Decal Number(s): \_\_\_\_\_

Date Notice of Attachment filed: \_\_\_\_\_ Time Notice of Attachment filed: \_\_\_\_\_

Date Notice of Extension filed: \_\_\_\_\_ Time Notice of Extension filed: \_\_\_\_\_

Plaintiff Name: \_\_\_\_\_

Plaintiff Address: \_\_\_\_\_

☐ We find no record(s) that a Notice of Attachment has been filed for the person(s) and/or property information provided.

☐ We find no record(s) for the person and/or property information provided.

HCD Employee: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_